

USA & CANADA



MOU Working Groups on Fetal Alcohol Spectrum Disorder & Suicide Prevention Working Groups

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USA-CANADA MOU



- The MOU on Indigenous health is an agreement between Health Canada and the United States Department of Health and Human Services, signed in 2002.

- Major areas of collaboration include:
 - Behavioral Health
 - Fetal Alcohol Spectrum Disorder (FASD)
 - Suicide prevention
 - Research

MOU: KEY ACTIVITIES & OBJECTIVES



- The MOU seeks to raise the health status of First Nations and Inuit people in Canada and American Indians and Alaska Natives in the USA by:
 - Improving our approaches to health issues
 - Identifying and reinforcing promising best practices
 - Sharing knowledge and learning experiences



MOU: WORKING GROUP(S) PARTICIPANTS



- Canada members of the two working groups are from:
 - Assembly of First Nations (AFN)
 - Inuit Tapiriit Kanatami (ITK)
 - Health Canada – First Nations and Inuit Health Branch (FNIHB)

MOU: WORKING GROUP(S) PARTICIPANTS



- American members are from:
 - Indian Health Service (IHS)
 - Division of Behavioral Health, and Division of Maternal Child Health (FASD Working Group)
 - National Indian Health Board (NIHB)
 - National Congress of American Indians (NCAI)
 - American Indian and Alaska Native representatives



I. Working Group on FASD



Convened in Ottawa, Ontario, October 26-28, 2004. Eight representatives from the U.S. attended. The purpose of the meeting was to develop critical long term goals and objectives for joint activities, as listed in the “Plan of Action”.



IHS and FNIHB MOU Ad Hoc Working Group on FASD



- The Working Group met again on April 27-28, 2005, for their third face-to-face meeting, in Seattle, Washington:



IHS and FNIHB MOU Ad Hoc Working Group on FASD



- (a) Conducted a review of our respective FASD scan(s) (a comprehensive directory of existing promising/best practices or programs for Indigenous peoples), and created a dissemination strategy.
- (b) Discussed the creation of IHS and Health Canada websites or web pages for sharing knowledge on FASD and current MOU activities.
- (c) Clarified and reached working group consensus regarding the topic for the “joint project in FASD”.

PROMISING FASD PRACTICES AND RESOURCES FOR AI/AN IN NORTH AMERICA (IHS)



- **Description - Central repository for existing AI/AN FASD best & promising practices.**
 - **Each life stage (pre-pregnancy to elder) - organized in a table format.**
 - **Appendix – resources.**
- **Method – Information collected by IHS Maternal & Child Health Program and Division of Behavioral Health staff.**
 - **IHS, Tribal or Urban programs' current or planned FASD programs or activities.**
 - **Independent research, internet searches, literature reviews, interviews, and recommendations from IHS staff.**

PROMISING FASD PRACTICES AND RESOURCES FOR AI/AN IN NORTH AMERICA (IHS)



- **Needs: more prevention/intervention programs targeting the adolescent, adult, and elder life stages.**
- **Other Needs:**
 - 1. Increase the number of IHS, Tribal and Urban (I/T/Us) health programs utilizing the IHS Prenatal Assessment Tool to identify women of childbearing age at risk.**
 - 2. Interventions for women who seek Emergency Care when they are intoxicated.**

PROMISING FASD PRACTICES AND RESOURCES FOR AI/AN IN NORTH AMERICA (IHS)



- **Other needs continued:**
 - 3. Enhanced surveillance to track screenings for women of child bearing range (aligned with GPRA Indicator).**
 - 4. Family treatment programs.**
 - 5. Training of health providers (e.g., labor and delivery nurses).**
 - 6. Introduction of FASD as a substantive part of the medical school curriculum and medical boards.**
 - 7. Classroom techniques designed for children diagnosed with FASD.**
 - 8. Diagnostic services for children.**

LEARNINGS: GAPS AND CHALLENGES



- **Lack of awareness and sensitivity at all levels. This often results in discrimination, stigmatization, blame, lack of support, insufficient funding for programs, and low prioritization as a health issue.**
- **Lack of and/or inconsistency of data collection for children, youth and adults with FASD. Without accurate data, is difficult to provide evidence for the need for funding to create early intervention and integrated FASD programs.**
- **Lack of FASD evidence based practices, as well as promising practices or programs in Indigenous communities, in both the U.S. and Canada.**

LEARNINGS: GAPS AND CHALLENGES



- **Need to address FASD holistically:**
 - **increasing and integrating systems of care for youth and individuals diagnosed with FASD across the lifespan.**

- **Need to emphasize:**
 - **the positive effects of raising a child with FASD in a stable environment**
 - **identifying or diagnosing children with FASD at an early age to reduce risk of negative experiences such as disrupted education, alcohol or drug problems, trauma and incarceration.**

LEARNINGS: WHAT WORKS



- **Identified promising practices:**
 - **Mentoring**
 - **Wraparound community based support programs for those affected by FASD and their families**
 - **Asset Mapping**
 - **Positive messaging regarding healthy pregnancy and traditional parenting**
- **Programming that is:**
 - **Culturally appropriate**
 - **Community-based, community paced**
 - **Supported by Aboriginal leaders**
 - **Innovative and holistic**

US & Canada Indigenous FASD Conference, Spring 2006



The participants will be experts in the field of FASD, including individuals and families affected by FASD. The purpose of the meeting is to:

- (a) Share knowledge and information (e.g. on FASD best and promising practices), and
- (b) Provide a mechanism to bridge or translate knowledge into practice and “guiding principles,” with the potential to be used by communities, regions and governments.

FASD Conference

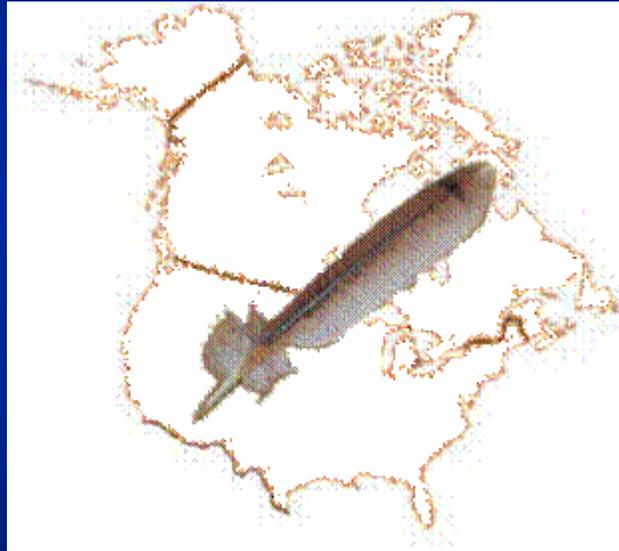
Deliverables would include:



- The information and/or recommendations from the conference will be collated into a document which can “inform” in terms of programs, policy and research; and
- Development of community, practitioner, and researcher networks.



II. IHS and FNIHB MOU Suicide Prevention Working Group



Convened in Ottawa, Ontario,
on October 5-7, 2004



Eleven U. S. representatives traveled to the meeting. The purpose of the meeting was also to develop critical long term goals and objectives to carry out the activities listed in the “Plan of Action”.



MOU Suicide Working Group Products, are:



- Creation of a scan - a collaborative work between IHS, FNIHB, Assembly of First Nations (AFN) and the Inuit Tapariit Kanatami (ITK).
- Development of IHS and Health Canada suicide prevention websites (to increase communication and access to knowledge about suicide and suicide prevention in Indigenous communities)

MOU Suicide Working Group Products, are:



- IHS is currently collaborating with Health Canada, and NIH to coordinate the conference, *Indigenous Suicide Prevention in Canada and the U.S.: An Initial Conference to Share Knowledge and Foster Collaboration*, which will be held February, 2006, in Albuquerque, NM .
- The Working Group plans to have their 4th face-to-face meeting following the conference, in Albuquerque.

Indigenous Suicide Prevention in Canada and the U.S. Conference, February 2006



- Purpose - to develop dialog and processes of research on indigenous community suicide prevention research needs.
- 150 participants will be invited from across the U.S., including the territories, Canada, and Mexico.



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